


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90172 004 \*\*\*150.00

<b>DOCUMENT # P01000033370</b> 1. Entity Name <b>NICHE MARKETING SPECIALIST INC.</b>					
Principal Place of Business <b>320 PLAZA REAL - #604</b> <b>BOCA RATON FL 33432</b>			Mailing Address <b>320 PLAZA REAL - #604</b> <b>BOCA RATON FL 33432</b>		
2. Principal Place of Business <b>320 Plaza Real</b> Suite, Apt. #, etc. <b>604</b> City & State <b>Boca Raton, FL.</b> Zip <b>33432</b>		3. Mailing Address <b>320 Plaza Real</b> Suite, Apt. #, etc. <b>604</b> City & State <b>Boca Raton, FL</b> Zip <b>33432</b>			
Country <b>U.S.</b>		Country <b>U.S.</b>		4. FEI Number <b>65-1092535</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>HEATH, WILLIAM III</b> <b>320 PLAZA REAL - #604</b> <b>BOCA RATON FL 33432</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>William P. Heath III</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	
(NOTE: Registered Agent signature required when reinstating)				DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEATH, WILLIAM 1010 SEMINOLE DRIVE #907 FORT LAUDERDALE FL 33304		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>William P. Heath III</u> <b>WILLIAM P. HEATH III</b> <b>3-5-05</b> <b>954-610-8969</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					